



2007 YOUTH BASEBALL

PROGRAM INFORMATION!

PRACTICES BEGIN:

The Week of May 21st

Teams will practice weeknights at Hugh Mercer Elementary, Walker Grant Middle School, Memorial Park, and Snowden Park. See registration form for practice night availability.

GAMES BEGIN:

The Week of June 4

All games will be played on Saturdays and weekday evenings at the above listed sites. Coaches will distribute schedules the week before play begins. Senior teams may need to travel. Makeup games may be scheduled on Friday or Sunday.

COACHES MEETING:

Tuesday, May 8 at 6:30 p.m.

Coaches will contact players with practice and team information the following week. Be patient! All our coaches are volunteers with numerous responsibilities and obligations. This meeting will be held in the Community Center.

PARENTS MEETING:

Tuesday, May 8 at 7:30 p.m.

This orientation meeting, to be held in the Community Center, is intended to answer questions and provide parents additional information concerning department policies and procedures before the season begins.

TEAMS:

Department policy states that special requests for team placement cannot be honored. This includes requests for carpooling, assignment with friends, placement with particular coaches, etc. **All children registered before the deadline will be placed on a team, but that does not assure the team of having a coach, so please consider coaching your child.**

REGISTER:

City – Tues., March 20- Thurs., April 19

Non-City – Tues., March 27 – Thurs., April 19

Birth certificate required at registration.

FEE:

\$25 City/\$50 Non-City

\$20 Late fee after April 19

FOR THOSE WANTING TO COACH !!!

In anticipation of participant growth and coaching turnover, we are now recruiting persons to serve as COACHES for our teams. **Expert knowledge or experience is not required**, just a desire to work with kids and help them have fun with sports. We will provide all the resources and equipment you will need to feel comfortable with your coaching experience. If you are interested, please complete and return the form below as soon as possible.

Name: _____ Child's Name: _____
Phone (H) _____ (W) _____

Age Group (circle one)	T-BALL 6 yrs.	COACH PITCH 7-8 yrs.	ROOKIE 9-10 yrs.	JUNIOR 11-12 yrs.	SENIOR 13-15 yrs.
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Practice Day Preference (circle one):	M/W	T/TH	No Preference
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I want to be a (circle one):	Head Coach	Assistant Coach
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Shirt Size (circle one):	AM	AL	AXL	AXXL
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I would like to coach with: _____ E-Mail Address: _____

YOUTH BASEBALL REGISTRATION 2007

NAME: _____

GENDER: ☐ M ☐ F

HOME ADDRESS: _____

DATE OF BIRTH: ____/____/____

mo/day/year

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____ AGE: _____ (as of 08/01/07)

May we include your phone # as part of the team roster that is handed out to team mates? ☐ Yes ☐ No

Note: Your phone number will be given to your coach.

PARENT'S NAME: _____

PARENT'S DAY PHONE: _____

EMERGENCY CONTACT (NOT PARENT):

NAME: _____

PHONE: _____

YOUTH

ADULT

AGE GROUP		BORN BETWEEN	
<input type="checkbox"/>	T-Ball (6 yrs.)	8/2/2000 -	8/1/2001
<input type="checkbox"/>	Coach Pitch (7-8 yrs.)	8/2/1998 -	8/1/2000
<input type="checkbox"/>	Rookie (9-10 yrs.)	8/2/1996 -	8/1/1998
<input type="checkbox"/>	Junior (11-12 yrs.)	8/2/1994 -	8/1/1996
<input type="checkbox"/>	Senior (13-15 yrs.)	8/2/1991 -	8/1/1994

T-SHIRT SIZE: ☐ M ☐ L ☐ S ☐ M ☐ L ☐ XL

PRACTICE DAY PREFERENCE: ☐ NO PREFERENCE ☐ MON/WED ☐ TUES/THURS

Department policy states that special requests for team placement cannot be honored. This includes requests for carpooling, assignment with friends or particular coaches, etc.

Does this child have a brother/sister or household member who is playing or played baseball for this department? Yes No

If yes, which league/team? _____

If you DO NOT want your child to play for one particular coach, please name coach: _____

ATTENTION: Does your child have any physical disability, allergies, medication or facts of which we need to be aware?

☐ NO ☐ YES If yes, please explain: _____

Parent or Legal Guardian

Date

REGISTRATION DEADLINE: Thursday, April 19th!!!!

FEE: \$25 City/\$50 Non-City

\$20 Late fee after April 19th

FOR OFFICE USE ONLY:

DATE: _____ AMOUNT RECEIVED: \$ _____ STAFF INITIALS: _____

D.O.B. _____ VERIFIED BY: ☐ New ☐ BC List AGE WAIVER ATTACHED? _____ FEE WAIVER? _____